FIRE PROTECTION SYSTEM SHUTDOWN REQUEST

Date of Request: ______________________

Name of company/person performing work: ________________________________________________

Phone/cell where they can be reached 24/7: ______________________________________________

Name and cell of SUNY project manager or representative: __________________________________

Location: Building: ________________________ Room #s / Area: _________________________

Description of Work: _________________________________________________________________

_________________________________________________________________

Type of fire protection system or device affected: (check all that apply)

[ ] Fire alarm system    [ ] Fire sprinkler system    [ ] Hydrant # ______

[ ] Other FP system: _______________________________________________________

Exact date(s) and time(s) work is to be performed: ________________________________________

(a minimum of 72 business hours required for all non-emergency related shut downs)

** ATTENTION SUNY PROJECT MANAGER: ** Submit completed form to OEM, SB 217, Attn: Scott Schulte (by fax 845-257-6915). Request is not considered complete until OEM approval **

READ INSTRUCTIONS BELOW CAREFULLY

| 1. Any field left blank or incomplete will result in denial of request. | 8. If dust is created, smoke and heat heads must be covered, even when devices are disabled:
   | a. Powder-free latex glove or shower cap
   | b. Painters tape
   | c. NO duct tape! |
| 2. Shutdown request must be submitted by SUNY Project Manager or Director/Asst. Director of FOC. | 9. Damage to fire alarm devices will be the responsibility of the person/company performing work. |
| 3. Work cannot begin if there is a chance of fire alarm activation, without approval via signed form. | 10. Normal hours for shutdown or turn on is 7:00 a.m. – 3:00 p.m. Hours needed outside that time must be pre-approved through FOC via SUNY Project Manager. |
| 4. Approved form must be posted with Building Permit, Hot Work Permit, etc. | 11. Persons/entities/organizations deemed by OEM to be causing nuisance/false alarm activations due to failure to follow impairment guidelines may be subject to STOP WORK ORDER, or removal from site. |
| 5. Person(s) performing work must confirm shutdown has been effected prior to commencement of work. Overtime approval must be arranged between Director/Asst Director FOC & SUNY Project Mgr. | |
| 6. Work requiring shutdown or turn on during holiday or weekend requires 120 business hours notice. | |
| 7. If dust is created, area must be ventilated prior to alarm being returned to service | |

FOR OEM USE ONLY:

[ ] Approved by: ___________________________ Date: __________________ Work Request # __________

Special instructions: ___________________________________________________________________

[ ] Denied by: ___________________________ Date: __________________

Reasons for denial: ___________________________________________________________________

[ ] Fire Dept. & OFPC Notified by OEM

WHITE ➔ PROJECT MANAGER    YELLOW ➔ EH&S    PINK ➔ FOC